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## ORIGINAL DEPARTMENT.

## Communications.

## EXTENSIVE LACERATION OF THE KNEE-JOINT:—RECOVERY.

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Recoveries from severe traumatic injuries, effected upon the large articulations of the human body, *without amputation*, being of exceedingly rare occurrence, the history of the following case and its result is worth being put upon record, as an evidence of the extraordinary endurance of the system, the bountiful recuperative powers of Nature, and the legitimacy and success of the treatment by *long* and *deep* incisions, traversing all the tissues into the joint, with subsequent immovable rest to limb and body,—serving at the same time as a monitor to the surgeon, to beware of hastily sacrificing a limb before conservative means—called into requisition and faithfully tried—have been fruitlessly exhausted.

As ample experience has been accumulated to prove, that a *large* wound penetrating a joint, if made by a clean cut, offers in general a better prognosis, with regard to the recovery of the joint and its subsequent usefulness, than *small* wounds, and especially those of a punctured and lacerated character; it is but logical to infer, that by *freely* and *timely* enlarging the latter, less danger to limb and life would thus be incurred. Yet in the face of experience and reason, recourse to early and free division of the tissue covering a joint, is in general not timely nor effectually enough resorted to, even in cases imperatively demanding its execution, (as for the evacuation of inflammatory products secreted in a joint, and foreign bodies having entered it,) owing to the dread of interfering by incision with articulation, still being too common with surgeons. But as the consequences resulting from neglect of early liberation of an injured joint are generally hazardous to the life of the limb,

and of the patient likewise, additional testimony in support of the conservative practice by *free* and *early* division of the joint should not be withheld from the professional reader. The principle being correct, the practice, if legitimately demanded in a case under consideration, should become general, and as early as promptly instituted, for amelioration of suffering, the salvation of the limb and of the life of the patient, follows as its rewards.

Mary Ellen McGregor, daughter of S. C. McG., of Robinson township, Allegheny county, Pa., aged thirteen years, with florid complexion, dark hair, nervo-sanguineous temperament, slender frame and muscles, yet healthy, met on January the 9th, 1865, an accident of an unusual nature and severity, to her left limb. While riding in a sleigh, which upset against a snow bank, she was thrown out, her clothes becoming entangled in the former. In this position, face downwards, she was dragged over the snowy ground for about one hundred yards, the horse running at full speed till stopped at a neighboring farm-house. Thus jerked along, a rough piece of the limb of a peach tree, knotty and covered with bark, fully one inch in diameter and eight inches in length, gradually tapering to a point one-eighth of an inch wide, entered the middle line of the front of the left thigh. After having grazed the skin from the groin, about four inches above the patella, and passed in a slightly oblique direction underneath the inner half of the knee-cap into the joint, its point being felt at the outer edge of the tibia, about two and one-half inches below the patella, where it lodged. The upper part of the stick, having broken off a little below the entrance wound of the thigh, was thus hid likewise. Bleeding, though profuse at first, had become spontaneously arrested. The shock to the system was great, requiring the use of restoratives, and anodynes were demanded for the relief of pain, which was excruciating.

Thirteen hours after the receipt of the injury, the foreign body was with difficulty extracted by a tooth forceps, in the hands of a medical gentleman from the country. The limb was laid upon a wooden splint, while a linseed meal poultice

covered its front at the seat of the injury. Morphia, in broken doses, too, was liberally given.

Eight days after, I was called to the case, finding the following condition. The whole femur and crus from the groin to the toes, was greatly and uniformly swollen; of brawny color, tense, and exceedingly painful on the least pressure; phlegmonous diffuse erysipelas evidently having affected it. Its circumference above the patella was four inches in excess of the right one, below the groin five inches, and below the knee three inches. There was an oval-shaped wound in front of the thigh, (the entrance wound of the stick,) one and three-fourths by three inches, covered by a dirty yellow pseudo-plasma and sloughs of necrosed fascia and cellular tissue, and discharging unhealthy serous and cheesy matter, by pressure applied to the sides of the knee-joint, in moderate quantity, but without escape of gaseous secretions. Another wound was found over the outer edge of the tibia below its head, where the point of the stick had rested, one inch in length, which had been made by the physician in attendance some days ago, evacuating some ill-conditioned pus likewise. On different parts of the front of the limb extensive bruises and abrasions were noticed, evidently produced by the rough and frozen ground, over which the limb had been dragged. Notwithstanding this severe injury of the limb—laceration of the joint and thigh, with phlegmon of the entire limb as the result—the general condition of the patient did by no means correspond with the amount of local affliction. Her features, though pinched and expressive of nervous irritability, did not evince great suffering; her pulse, beating one hundred strokes in a minute, was firm; tongue clean and moist. There was great thirst and want of appetite, yet secretions and excretions were normal. There had been no chills, no vomiting, but exacerbations of fever in the evening. She had been able to rest and sleep under the use of anodynes, and did not seem to suffer pain, unless the limb was touched or moved.

Considering the deep penetration and extensive laceration of the joint, with the phlegmonous condition of the limb, threatening dissection of the muscles by burrowing matter, with profuse suppuration of the joint, and sloughing of fasciæ, areolar tissue and dermis, prompt relief had to be offered by free division of the joint, else death of the limb and the patient would have followed. An incision, therefore, was made, under the influence of chloroform, from the lower angle of the thigh wound, through the skin and fascia

into the joint, discharging at once thick cheesy matter, in large quantity, from the pouch of the patella, and along with it two pieces of bark, which had become detached from the stick, and fatty degenerated tissue from the interior of the knee-joint. The cut was carried down along the inner side of the patella to the insertion of its ligament into the tibia, when a large piece of bark, one inch by one and one-quarter inches, was removed from underneath the knee-cap. The cartilages covering the condyles of the femur and the inner face of the patella were found grazed, but not broken. From the upper angle of the wound a piece of wood, (the knot of the limb,) one-half inch long, was removed. The muscles in the track of the wound exhibited traces of severe bruising and laceration. Some bleeding from the superior internal articular artery of the knee-joint took place, which, however, soon yielded to digital pressure.

All bleeding having ceased, clots of blood and pseudo-plastic masses, the product of the intense inflammation of the joint, were next removed by gentle ablution, while the patella was lifted up, and an oily tent was laid into the wound of the joint, nearly two inches deep, to prevent its edge from agglutinating; the rest of the wound, too, above and below the joint, was kept open by the interposition of pledgets of muslin. The edges, however, were gently approximated by narrow strips of muslin, encircling the limb lightly. The whole track of the wound was covered with oiled lint, over which a large warm flaxseed meal poultice was placed. A long padded volar sheet-iron splint, embracing femur, crus, and foot, formed the resting place of the limb in its extended position, to which it was confined by several turns of bandages. A full anodyne,—morph. sulph., gr. one-fourth, was administered, to be continued *pro re nata*, and a nourishing diet ordered.

I left the patient in the care of a physician, but was sent for on the 15th of the month, when I found the expression of countenance more anxious, face pale, with flushed cheeks, great thirst, and very frequent, though somewhat voluminous pulse. There had been some appetite and sleep, under the use of anodynes. Constipation was well-marked, with absence of chills. An erysipelatous blush was noticed along the inner face of the crus, below the knee; swelling of the limb unabated; large, broad and exuberant granulations filled the wound, by which its edges were agglutinated. There was a considerable discharge of matter, of more healthy appearance. The wound on the outer face of the limb

offering some impediment to the discharge of matter from the joints, an incision from its lower angle was carried downward below the knee, when a mass of degenerated hypertrophied fatty tissue was removed from the joint; several pieces of bark having previously been discharged with the matter. The wounds were again cleansed by free ablation with tepid chamomile tea, the agglutinated edges separated with the finger, and oiled lint was placed deeply into the bottom of the wound by the side of the patella. Diaphoretics, with gentle stimulants, were prescribed, with wine-whey and nourishing diet. The warm local applications were continued, with immovable rest to the entire limb.

On February 13th, it is reported, that expression of face was very anxious, with surface of body anæmic; that she was greatly emaciated and nervous, the least motion making her scream; that the appetite was poor, pulse frequent and weak; that the tongue had a whitish coat, with paleness of surface, of which the gums and mucous membrane of the mouth, and conjunctiva of the eyes, too, gave ample evidence, and that the pupils were widely dilated. There was not too much discharge of pus from the lower angle of the wound below the knee, and the granulations had receded in size and exuberancy. The swelling of the femur having subsided, flabbiness of its muscles was found considerable. There was less suppurating from the large wound, yet more than was needed for repair. Side splints to the femur were applied, which were retained by several turns of bandage, with the view of giving support to the weakened muscles and lessening the wound. Powdered cinchona and tincture of opiocrocata, on lint, was laid over the wound, with a light poultice. Tr. cinchonæ and tr. aurant. composita, with wine and nourishing diet, constituted the treatment from this time forward. Gradual recovery took place, with wounds healed and strengthened.

On June 21st, 1865, she presented herself, walking on crutches, having regained health and flesh. The scar in front of the femur is about one inch broad, and nine inches long; of a dark-red color, with a depression along its middle, about five inches in length, where it has united to the os femoris. The knee-cap is slightly drawn upward, and rests upon the outer condyle, yet somewhat movable. There are small scars on the anterior face of the leg, of a blueish-red color, the result of superficial excoriation, in consequence of the extensive bruising to which the limb had been subjected. The knee-joint is flattened in its antero-posterior diameter, and

increased in size in its lateral diameter. Ankylosis of the joint is almost complete, some slight motion in it only being detected. But as passive motion, though ordered during its treatment, had been neglected, the result could not be otherwise. There is absence of pain and swelling, the patient being able to enjoy herself after a protracted confinement.

The recovery of this limb *without amputation*, considering the frightful injury to the joint, and under circumstances less favorable than are generally met with, will remain a striking example of Nature's protective powers, and of the reward due to proper and intelligent surgical assistance.

#### HYPODERMIC USE OF MORPHIA AND QUINIA, IN THE TREATMENT OF TETANUS, AND OTHER SPASMODIC AFFECTIONS.

By HARVEY L. BYRD, M. D.,

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The treatment of tetanus has been, from time immemorial, most unreliable and unsatisfactory in its character, having indeed, been little else than empirical, and it is therefore not surprising that the world at large should have assigned it a place among the "*opprobria medicorum*."

There is scarcely an article in our vast materia medica that has not at some time or other been lauded for its virtues, or claimed, *par excellence*, as the remedy in its treatment. Much of the failure in this respect has doubtless been owing in many, if not in all cases, to an absence of knowledge of the pathology, or essential nature of the condition of the patient, or a due appreciation of the phenomena presented at the bedside.

Those who have given that degree of attention to the value of symptoms and signs of disease, which enables them to decide, as if by intuition, the treatment, almost as soon as a case is seen, are guided in the formation of their judgment by a *tout ensemble* of circumstances, which enables them to comprehend and appreciate the condition of the patient with as much certainty and freedom from embarrassment, as that which is observed in reading from the pages of a book, after a familiarity with letters and figures has been acquired. Many of our most reliable and valuable facts concerning disease, and its treatment, have been derived from the observation of the effects of remedial agents in their action on the animal economy, in cases where the true pathology was unknown, or beyond comprehension, and important practical advantages may be

secured in many instances by the application of those facts, on general principles, where we may have had no experience in certain cases. These brief and desultory remarks are intended to direct attention to the consideration of the application of certain well established facts, in relation to the action of some of our popular and tried therapeutic agents, with a view to a more successful treatment of tetanus, and kindred affections, than has hitherto been adopted.

In a communication published in the *REPORTER*, vol. 15, page 473, we called the attention of your readers to the value of opium and quinine, in preparing cases of traumatic tetanus for operative procedures, where surgical interferences were deemed necessary to the removal of the proximate or exciting causes giving rise to that condition. It is now proposed to elaborate to some extent the principles enunciated in that article, and successfully applied in the cases mentioned, so as to show their applicability to similar phenomena, whether their causes, proximate or remote, may be seen, or are hid from our observation; and whether the cases should be those of traumatic tetanus, or kindred spasmodic affections.

We know that laws are essentially necessary to the well-being and order of the physical universe, and that they are constant, and unvarying in their operations, has been proven conclusively by calculations and tests, and yet we know absolutely nothing of their real nature, and it is extremely probable that we will never know of all the connecting links in the "vast chain of being, which from God began." But of one thing we may be certain, that of all the laws by which events are linked together, the relations of cause and effect are the most unvarying, and the most constant. The comprehensibility of these phenomena, as we are enabled to observe them in the physical manifestations of nature, induces us to conclude that they are of universal operation, alike upon the small as the large objects of creation, and upon the animate as well as the inanimate works of the great Architect. Reasoning from analogy, as well as from facts, the conclusion may be reached without difficulty, that we have in the *hypodermic syringe*, and the *electro-magnetic apparatus*, instruments which promise us greater assistance than any heretofore known to the profession in the treatment of tetanus. With the syringe, immediate application may be made of the selected remedy, whatever may be the state of the patient. The happy effects of opium and quinine, reported in my article, above alluded to, were obtained through their adminis-

tration by the mouth. Where even no impediment to deglutition exists, which is often the case, their therapeutical effects are more or less tardy in their manifestations, when given by the mouth. With the syringe in hand however, a sufficient quantity of morphia, atropia, or other narcotic, may be injected to relieve the paroxysm in a few minutes, and as soon thereafter as may be desired, quinia may in like manner be administered in sufficient amount, to greatly protract the intervals, if not to arrest the recurrence of the paroxysms.

It is unnecessary to inform your readers that the injections of the anodyne, and antiperiodic, may be repeated, and the doses and intervals so regulated, as to secure time for any surgical procedure, in cases requiring such interferences, and also intervals for repose, and the administration of nourishment, thereby affording time for the action of the *vis medicatrix nature*. What is true of the prompt and salutary action of the hypodermically administered narcotic, will be found to be true of a well directed application of *electro-magnetism*, in relaxing spasm, and in controlling the duration of the paroxysms in many cases. My experience with this agent in all forms of spasmodic disease, for twenty years past, enables me to say without hesitation, that in my hands it has always succeeded, in a few minutes, in arresting spasmodic muscular contractions. Reports of cases in which it proved successful, were published from time to time in some of the medical journals of the South. Whether the paroxysm is overcome by narcotic injections, or electro-magnetism, quinine, in sufficient quantity to secure its antiperiodic action, should be promptly administered, and persisted in to the developement of *quininism* when smaller doses will keep up its impression upon the system as long as may be desired.

This subject is so absorbingly interesting to me as a professional man, and so vastly important to humanity, that were I to yield to my inclination, the present article would be extended far beyond the limits I generally allow myself in writing for the medical press.

I cannot conclude however, without expressing the opinion, and hope also that the treatment recommended for tetanus will be found more serviceable in hydrophobia, than any other that has been heretofore adopted.

From a somewhat careful examination of a few reported cases of that terrible disease, and a comparison of the prominent symptoms mentioned in connection with them, with those of the several forms of trismus, as seen under my own



observation, I am forced to conclude that it is a disease of much rarer occurrence than is generally supposed. In a full practice, of near a quarter of a century, on the sea-board of South Carolina and Georgia, I never saw a case of hydrophobia, nor a death result from the bite of a dog, though I have seen dozens of cases of persons bitten at all seasons of the year, and under various circumstances and physical conditions.

### "MISSED LABOR."

By T. B. CAMDEN, M. D.,

Of Weston, West Va.

This term was introduced by Dr. OLDHAM, who restricted it to cases "in which the full term of utero-gestation has gone by without labor pains having set in, or the expulsion of the child effected."

As such cases are very rare, and the number recorded few. I have had my attention more particularly called to them from the fact that I had the misfortune to have one. And at the time had never remembered reading or hearing of a case of the kind, nor have I since, except the cases spoken of below.

The first of these cases is related in GUY'S Hospital Reports, by Dr. OLDHAM, under the caption of a "Rare case of Midwifery." The narrative states that the full period of utero-gestation was completed in June, and the woman carried the child until October, three months beyond the natural period. The function of lactation was established as soon as the usual period of gestation had expired. (She had lost a quart of blood in June.) The Dr. found the os uteri dilated sufficiently to introduce two fingers; but absolutely incapable of further dilatation, and he believes the uterus would have given way before a greater degree of dilatation could have been effected. The usual excitants were given, ergot, electricity, etc., but without avail. The Dr. removed the arm and some other portions of the child, together with the placenta and cord through the os uteri. The uterus soon after diminished in size, the Dr. predicted the escape of the contents into the abdomen by ulceration. The post-mortem confirmed his opinion. The anterior walls were found to be removed by ulceration. The soft parts of the child had been taken away by the absorbents, and little else was left but the bones.

The second case was recorded in the April number of the *American Journal of the Medical Sciences*, in 1853, and is related in a letter to

Prof. MEIGS by Dr. HORTZE. This woman, I believe, carried her child near three years. A post mortem put the matter beyond cavil. As I have not the Journal at hand, I cannot give the particular symptoms, etc.

The third case is by Dr. WM. JOHNSON, of White House, N. J., February, 1855. The woman, aged 36 years, became enciente for the first time in the spring of 1852. Nothing of note occurred until December, when nine months of utero-gestation was completed. She had now pains, such as to induce her husband to call in her physician, he was called on in the evening and remained all night. The pains, however, were not severe, and wore off, and never returned. As in extra-uterine pregnancy, lactation was also here established at the prescribed period when utero-gestation should have been completed. She lived after this eleven months. Her health, however, soon began to give way after the abortive effort of the womb to expel the child. Dr. JOHNSON saw her for the first time in March. She had several turns of flooding; but the quantity of blood lost was not large. At this visit he found the os uteri obliterated, and the parietes of the under part of the womb thin. The tip of the finger entered the womb, and with it he touched what he thought the foetal head. He says he employed considerable manipulation in order to increase the dilatation of the os uteri; but completely failed in the attempt. He says he might as well have attempted the dilatation of a piece of sole leather; to which alone he could compare it. It gave the same unyielding sensation. In consultation with Dr. HONEYMAN it was agreed to attempt the dilatation with sponge tents; secale cornutum was given for several days, all without effect, she gradually sank until fall, having lived eleven months. The post-mortem revealed a child within the womb; decomposition of the child had progressed, and the cranial bones were readily separable. The uterus fully embraced the child on every part of its surface. The head presented in the most favorable position for expulsion.

The fourth case is by Dr. GREEN, of Cambridge, Ohio, and recorded in the "*Counselor*, June 30th, 1855," Columbus, Ohio. He was called on the night of the 25th of Feb. 1836, to see Mrs. T., aged 43 years, in her sixth accouchement; found her to all appearance in labor. Shortly after his arrival she vomited freely, after which her pains left her. She rested well through the night and expressed herself as well as ever.

He says: "I left her expecting to be sent for during the night, but heard nothing from her for

eight or ten days, when, passing the house, called to see her, when she informed me that on the day I left, the waters came away, and she had had a slight hemorrhage, which continued up to that time. That she had not felt the child move since her pains subsided, and she had a copious secretion of milk. I was satisfied that the child was dead, and gave as my opinion that labor would certainly take place in a short time and expel the child. But in this I was sadly mistaken, as in a few days afterward I was requested by her husband to visit her again. I found the discharge increasing, very offensive, and her health giving way. On examination I found the os uteri about the size of a silver dollar, and as "*hard and as unyielding as an ivory ring*." I tried to force it to yield, but without success. I used ergot and friction to bring on contraction if possible, hoping that by so doing, with manipulation, I could force my hand through the ring, and remove the child, which I could easily feel; but the ergot had no effect. I stated the case to my patient and her husband, and gave them my opinion that the uterus could never be emptied by any other means than a division of this ring with the knife; to this proposition they would not consent. I tried again to force the os uteri to yield, with no better success. In fact I might as well have tried to dilate an iron ring. I then advised consultation, and Dr. Hood of Fairview was called in. He was an old practitioner, and when he came and had a history of the case, and examined for himself, he frankly told the patient and her friends that he had never seen or read or heard of a case of the kind. I stated to him what I had done, what I tried to do and failed; what I thought should be done if the patient would submit. He agreed with me as to the nature of the case, the impossibility of forcing the os uteri by manipulation and medication; but was of opinion that nature would throw off the child by decomposition, if we would use means to sustain our patient's strength. I thought otherwise, and insisted on dividing the ring and delivering. But in the absence of any authority or precedent to sustain me, I submitted to my senior's opinion, and left the case to nature, assisted by wine, porter, quinine, and nourishing diet. The case progressed gradually, her general health gave way, and in the month of July following she died, one of the most heart rending objects I ever witnessed.

The soft parts of the child all passed away by decomposition, leaving nothing but the dry bones, some of which I removed through the ring before death, but the larger ones could not pass.

He says: "By reporting this case I do not expect to add anything to what has already been written by others; but it is one more case, and in fact the first one in point of date of which he has any knowledge." This case lasted from February to July (five months.)

The next and fifth case occurred in my practice in July, 1863. Although the history of the case is somewhat unsatisfactory previous to my visit; yet in its result, and as regards treatment, will make but little difference. The case was that of an Irish woman, who was very ignorant, as was her husband and midwife. I first visited her July 20th, and from the midwife learned she had been in labor, as she supposed, a week; but the pains had gradually subsided, and for this strange phenomenon I was sent for. I found her weak and sallow, evidently suffering from some prostrating influence. I made an examination and found the os uteri open enough to introduce two fingers, but as hard and as unyielding as an *ivory ring*, and inside of the womb could readily feel the cranial bones, which were separated from each other by decomposition, the rough serrated edges almost cutting my fingers, evidently showing that the case had been one of some duration. The death of the child must have occurred some time before.

I tried to dilate the os by manipulating with my fingers, sufficiently, to get away the loose denuded bones, but was unsuccessful. I gave ergot but with no success—day after day I tried various remedies, but it seemed as though the os was totally incapable of dilatation. She was evidently sinking rapidly. I had never before seen or read of a similar case. I asked and obtained a consultation. Dr. ROACH, a very excellent young physician, was called in, and found the case as above stated, and tried pretty much the same means that had already been employed, and with as little success. In consultation I gave as my opinion that the os uteri would never yield, that she was rapidly sinking, and from the absorption of the putrid gases, she would soon die of pyemia if not relieved—and advised cutting the ring and making an opening large enough to relieve her of the putrid mass.

The Doctor thought it hazardous, and as the case was a new and singular one, thought by tonic treatment nature might relieve her by throwing it off by decomposition. I consented, and used the means indicated. She gradually sank into a typhoid condition, and died in four days after my first visit.

Cases of uterine abortion, like the foregoing, are necessarily rare, and as far as I can learn,

always fatal. It seems when the uterine contraction does not take place, or subsides after taking place at the full period of utero-gestation, they can never be awakened again. Why this is so we cannot certainly say, but it seems to be dependent upon the death of the child, and the paralyzing effect produced upon the nerves and muscular fibres of the womb by the putrifying child—which renders the normal expulsion of the child impossible.

Although the cases cited differ from the one that came under my observation in point of duration, yet the treatment of all would be the same. From the effect produced upon the mother, and the total separation of the bones of the head in this case, I am led to the conclusion that the child must have been dead some time. There was no secretion of milk, or if there was, I was not informed of it.

We now come to the all important subject, how are cases of "missed labor" to be treated? Dr. WILLIAMS, in the transactions of the Obstetrical Society of London, says, as soon as a physician's attention is called to a case of this kind, death of the child, escape of the liquor amnii, and os dilatable, to turn and deliver. In the cases stated, dilatation was impossible, and nothing but a mass of bones to turn. He then said no accoucheur would any more leave a dead foetus than a putrid placenta in the womb. That he would advise dilatation by the tampon or incising the os. Dr. M. GREEN, in his case advocated dividing the ring and delivering the child, but as yet no case has been operated on, and as far as the cases have been recorded not one has recovered, and it is to this dark record that I wish to call the attention of the profession, and influence them in trying other means of relieving the patient than the ones heretofore tried. And that is, in incising the os uteri enough to relieve the woman of the putrid mass, conceiving as I do, that a clean incision, and ridding the womb of its poisonous load, would give us better hopes of recovery than to wait for nature to rid it of its contents; especially as in all recorded cases death was the inevitable result, sooner or later, by the expectant treatment.

I am anxious to learn of any other cases that may have fallen under observation, and hope they will be reported.

— The medical department of the University of Louisiana is also said to be in a very flourishing condition.

# ALCOHOLIC STIMULUS.

By T. B. SMITH, M. D.,

Of Cooperstown, N. Y.

(Read before the Otsego County Medical Society.)

Recent researches and experiments seem to have shown that alcoholic stimulus, in its primary and essential action upon the nervous system, is to depress, to lessen and paralyze nerve power, partially obliterating or suspending nerve functions. This idea is directly opposed to our preconceived opinions upon the subject. It has generally been supposed and taught, that alcohol, in proper quantities, was a direct nerve stimulant, augmenting nerve force and revivifying the nervous functions. With this view, we have given it as a therapeutic agent to excite the failing nervous powers, to arouse and exalt the exhausted vital forces. But it seems we have been mistaken in its action, have misunderstood its *modus operandi*, if the new view be correct.

It is said that the happyfying effects, the evanescent brightening of the intellect, the quickening of the perception experienced from imbibing a moderate quantity of alcoholic stimulus, is not directly dependent upon its exhilarating power, but that these sensations are due to its paralyzing benumbing effect upon the nerve centres, thereby partially liberating the soul from its mortal thrall, freeing it from its corporeal fetters. We know that many a "mortal coil has been fully shuffled off," under the potent influence of its immoderate use.

From the above view of the action of alcohol upon the system, it would seem that it is not a stimulant at all, in the ordinary acceptation of the term, and that its beneficial effects as a therapeutic agent are due to a directly opposite cause, its depressing influence upon the nervous system, thereby lowering its power upon destructive metamorphosis, the rapid disintegration of the tissues and organs of the body, and consequent conversion into effete matter.

This, then, in brief, is the *rationale* of its action according to this theory. Much of the beneficial effect of alcohol upon the system, as a therapeutic agent, is undoubtedly due to its influence in lessening destructive metamorphosis, retarding the waste of the body resulting from morbid action, as is evidenced by its effect upon the urinary secretion, reducing its specific gravity in a very marked degree. But that this result is due to its depressing effect upon the nervous centres, lowering the nervous functions, is not, it seems to me, so clear.

I think it will be conceded that the primary and most obvious effect of diseased action is upon

the nervous system, lowering nerve force and depressing the nervous function, and that the use of an agent calculated to still further depress that function would be in direct violation of the simplest principles of inductive philosophy, and the most obvious laws of vital action.

In the advanced and latter stages of the typh fevers, when the subtle and mysterious poison upon which they depend has wrought its baleful and exhausting effects upon the system, and the vital powers seem about to succumb to its long continued malignant influence, we arouse and keep alive the feeble vital forces by the judicious use of alcoholic stimulants, we give our patients an "artificial life," until the period arrives when nature and health resume their sway. It should constantly be borne in mind, however, that we can only act upon the excitability or the life already present in the system, and that by administering our stimulants too freely, we may exhaust it long before that propitious result is obtained.

When should we give alcoholic stimulants, and when not give them, in these cases? It is said, according to the theory adverted to, that we should give them to lower nervous action whenever we find the nervous system is exhausting itself and the body by an activity in excess of the other bodily functions.

Now I am not aware that there are any bodily functions that are not nerve functions, that are not dependent upon nervous action. And to my comprehension, diseased nervous action is not increased nerve force, but the contrary; and that we do not give alcohol to depress, but to raise nervous action.

We should give it, then, when the heart's action is weak, the pulse quick, feeble, and unsteady. The tongue dry, chafed, and dark, the mind delirious and sleepless, the hands tremble and the urine is loaded. Should the heart's action be increased in *force*, under its use, the pulse lessened in frequency and augmented in volume, the tongue become less dry, the mind less delirious, the hands less tremulous, and the specific gravity of the urine lessened, we should continue its use, and consider that we were directly adding force to the nervous system by so doing. Should the contrary effects be produced, we should discontinue its administration, for we should conceive that we were wearing out the irritability of the nervous system, exhausting the nervous force, by continuing it.

In all cases in which alcoholic stimulants are therapeutically indicated, there is deficient irregular nervous action, and we give them with a view to raise and equalize that action. And it

seems to me obvious, that when the nervous forces are depressed, destructive metamorphosis is increased. In surgical operations, in concussions of the nervous centres, in which the nervous system is overwhelmed, and reaction does not take place, do we give alcoholic stimulants with a view to their depressing effect upon the nervous system? Rather do we not give them to arouse the nervous forces, to assist vital action?

I was called, a few weeks since, to a case in point. A strong muscular man had fallen from the scaffolding in a barn, a height of twelve or fourteen feet, producing a severe contusion of one hip and shoulder, and a violent concussion of the whole system, from which it did not rally. The shock to the nervous centres was so overwhelming that reaction did not come on, and at the expiration of an hour after receiving the injury, he was in a fainting, dying condition. In this stage of the case, after using the diffusible stimulants without effect, I had recourse to alcoholic stimulus, and under its influence he soon rallied, "and nature resumed her sway." Can it be that this result was due to its depressing effect upon the nervous system? Was this man dying from the effects of rapid destructive metamorphosis suddenly taking place, or was it from the sudden shock, the jar of the nervous centres, suspending nerve action? It certainly seems rational to conclude that the latter condition was present, and that stimulants were strongly indicated, to arouse the nervous centres, to set in motion the overwhelmed and paralyzed nerve forces.

These indications are best fulfilled by alcoholic stimulus, and there is no other known agent which can fully supply its place.

#### CASE OF DIPHTHERIA.

By JAMES B. BURNET, M. D.,

House-Physician, Bellevue Hospital, N. Y.

Kate O'Donnell, aged four years, came under our notice, for the first time, on a Wednesday afternoon several months ago. Her mother furnished the following facts: the child was taken sick on the preceding Sunday night, and was very feverish. She suffered from much pain in her stomach all night. A dose of castor oil was administered, and the next day she seemed better. For two days before she was taken sick, on Friday and Saturday, she had a troublesome smothering cough, which cough came on again last night. On Monday night and last night, the same severe pain made its appearance in her stomach. Her sister died on Monday night,



with some throat disease, which the attending physician pronounced to be diphtheria.

*Present Condition.* The child's powers of speech are all right. She is not hoarse at all. On either side, the glands of the neck are enlarged, more on the left than on the right side. Her skin is hot, and perspiration profuse. No eruption upon the body can be discovered. Her countenance indicates no serious disease. She does not look very sick. Pulse is 140, very feeble and small. No riles are heard on auscultation; no bronchitis is to be found. On the tonsils, on both sides, is a whitish-yellow patch, and around it circular inflamed mucous membrane. This patch extends across the uvula. The tonsils are enlarged, and indurated at their posterior portion.

The diagnosis made was diphtheria, and the treatment commenced was a local application to the inflamed parts of a weak solution of bromine, (four to eight drops of the iodide of bromine to the ounce of gum syrup,) and brandy, quinine, beef-tea, and tr. ferri chloridi frequently repeated. Inhalation of steam was also tried for the dyspnoea, but notwithstanding the most watchful care, she sank and died of exhaustion on the third day after she first came under our observation.

*Remarks.* In the treatment of mild cases of this terrible disease, little more is necessary than good nursing and appropriate food. The patient should be placed in a comfortable bed, in a large airy room, from which all visitors should be excluded. Nutritious broths and milk may be given every three or four hours, but the too prevalent, injudicious, and hurtful practice of cramming the patient's stomach, with the absurd idea that the more you put into it, the better is the chance of recovery, should be avoided. In this disease we must take great care of the stomach. Often, when that organ is rebellious, we shall be obliged to support the strength by enemata of strong animal broths. In severe cases, where stimulants are indicated, good brandy and quinine are chiefly to be relied upon. Beef-tea and tr. ferri chloridi in frequently repeated doses, are of great service. For the intense thirst which is often present, mint-julep, carbonic acid water, and cracked ice may be given. If an application is to be used, probably as good an one as any is the iodide of bromine, four to eight drops to the ounce of gum syrup. This should be applied by means of a large soft camel's-hair brush. For the dyspnoea, nothing acts better than the inhalation of steam. Gentle opiates given by the rectum will cause sleep at night, in this disease. If tracheotomy is to be per-

formed at all, it should not be deferred too long. One of the most distinguished practitioners of New York city says, that in twenty cases in which he has seen the operation performed, all proved fatal. After the first membrane has been thrown off, never under ten or fourteen days can we be sure that a secondary membrane will not form. The patient should not be allowed to sit up during the disease, as paralysis of the heart is very common, as are also paraplegia, hemiplegia, and sometimes general paralysis. Dr. E. HEADLAM GREENHOW says, "Nerve affections following diphtheria consist chiefly of impaired, perverted, or excessive sensibility, together with a more or less complete paralysis of the muscles of the fauces, pharynx, tongue, lips, extremities, trunk, and neck. The frequency of the occurrence of these symptoms in the several sets of muscles being nearly in accordance with the order in which they have been named, those of the fauces being most frequent, and those of the neck least so."

Paralysis of the muscles of the eye also occurs, and sometimes gives rise to an apparent loss of sight.

Concerning the treatment of paralysis from diphtheria, we quote the following from a lecture delivered by Professor JOHN T. METCALFE, on this subject:

"I have said that, as a rule, the paralysis following diphtheria is prone, by its natural history to terminate in cure. This we may confirm and expedite by the use of digestible nutritious food, by the administration of tonics, by friction and kneading of the paralyzed parts when practicable, and occasionally by the aid of the galvanoelectric current. It is well understood that pure air and proper exposure to sunlight are not to be omitted.

"I think highly, among the tonic remedies, of the syrup of the phosphates, or, what it has been fashionable with some to call, chemical food. It is readily taken, agrees well with the stomach, and gives us all the results we should, *a priori*, expect from its composition. Among tonics of the vegetable class, I prefer strychnia to any other. I do not know that it is better than nuxvomica itself; but the invariable composition of the pure alkaloid or its salts enables us to regulate the dose with perfect accuracy. I usually write for

R. Strychniæ, gr. j.  
Acid nitric. dilut., f. ʒi.  
Aque, f. ʒviij. M.

"Each minim of this solution contains the one-four-hundred-and-eightieth part of a grain of the

salt. To a child of three years, I would give from three to five drops in a dessert-spoonful of water, three times a day.

"The beneficial effects from change of air and sea-baths are not less strongly marked in convalescence from diphtherial paralysis, than from other adynamic conditions. The treatment I have thus indicated is not complicated. It is easy to remember, and, I believe, embraces nearly everything that is essentially necessary."

## Hospital Reports.

PENNSYLVANIA HOSPITAL, }  
February 20th, 1867. }

CLINIC OF J. M. DA COSTA, M.D.

Reported by Dr. Napheys.

### Signs of Vomica following Pleuro-pneumonia.

Clara R., *æt.* 23. Clinically this is a very interesting case. Though no doubt is permissible with reference to the physical phenomena in a case of this kind, there is a certain amount of doubt in regard to their association. This girl, who is now comparatively well, was at one time very sick, almost in a dying condition.

She was always healthy and strong, until the early part of the autumn of 1865, when after a slight exposure she suffered from a hacking cough, which lasted, growing gradually worse, until her admission to the hospital, January 22d, on which day she was seized with sharp pains on the left side, accompanied with great oppression of breathing. On admission, she presented the physical signs of pneumonia and pleurisy, including rusty colored sputa in small quantities. The pleurisy involved nearly the whole of the posterior portion of the left lung, while distinct pneumonia crepitus could be heard within.

On the 1st of February, Dr. DA COSTA found this girl breathing from 40 to 50 times a minute, with rapid pulse, very weak and cold, with a tendency to moisture. The most marked dulness on percussion was found throughout the whole of the left side; below there was an absence of vesicular murmur, and a want of vocal fremitus, in truth all the signs of a large effusion into the pleura; while above there were signs of more blowing breathing and râles. In addition the heart sounds were very feeble, and the increased dulness on percussion in the cardiac region left no doubt that there existed pericardial effusion. Everything was being done to sustain her strength; she was taking an ounce of whiskey every hour and a half. The case was so threatening that it was resolved, if the symptoms did not yield, to penetrate the pleura, and let out the fluid. She was, however, placed on iodide of potassium, five grains every fourth hour, stimulation was kept up, and a large blister placed on the left side. The kidneys acted freely. Gradually a change took place for the better, the percussion dulness lessened, the breathing became very much

less oppressed, and it was very evident that the effusion was disappearing not simply from the pleura, but also from the pericardium. The stimulating treatment here was imperative, because of the struggling action of the heart. Excellent results were achieved from the absorbent effect of the iodide of potassium, and the counter-irritant and absorbent effect of the blister.

Now the respirations are 30, the pulse 100 and gaining in volume. Heart sounds are distinct. There is entire clearness on percussion on the right side anteriorly, but on the left side anteriorly there is a tympanitic resonance, mixed now and then with a cracked metal resonance. Posteriorly, the difference between the two sides is not, comparatively speaking, so marked; there is diffused dulness over the whole of the left side, and very low down the sound becomes flat. Auscultation; right side, anteriorly, puerile breathing, rather harsh at points, posteriorly, a few râles toward the edge of the scapula. On the left side, anteriorly, there is a distinct creaking friction sound at the upper portion of the chest, which has existed now for about two weeks, though in various degrees, imitating all the various modifications of the friction sound which the reabsorbing pleura is apt to present, but in addition, a distinct, hollow breathing of low pitch, cavernous in character, is perceived, and when she speaks, particularly when she whispers, a distinctly transmitted voice of hollow character is heard. She has the physical signs of an excavation in addition to the friction phenomena, indicative of absorbed fluid and roughened pleura.

Granting that this was a case of pleuro-pneumonia, of which there can be no doubt, and that treatment has achieved what was expected of it, what is the present condition of the lung, what is the explanation of the extraordinary signs of hollow breathing, hollow voice, râles, and whispering pectoriloquy underlying these friction sounds? Has there been here an abscess of the lung, or has this pleurisy and pneumonia taken place in a tubercular patient, or are the signs merely the result of peculiar physical condition, without a cavity? The point is a very interesting one, not simply as a mere discussion in clinical medicine, but as being of most vital importance to the patient, influencing the treatment.

Of the existence of the signs of an excavation there can be no doubt. It is stated in some books that tympanitic, nay, even amphoric resonance on percussion occurs in cases of pleurisy more particularly at the apex of the lung, but no one has ever said that it existed with cavernous breathing and whispering pectoriloquy, which phenomena can only be accounted for by supposing that an excavation exists, or at all events that consolidation exists around a large bronchial tube. Moreover even in these instances of pleurisy, in which a distinct amphoric or tympanitic resonance is obtained at the upper portion of the chest, the amount of fluid is always considerable. Here it is met with as the fluid is being rapidly absorbed. The fact of its occurrence at this time sets at rest any possible explanation based on the phenomena being part of any pleurisy. Therefore the case is one of an excavation, or signs of excavation, in the upper portion of the left lung, existing in

an attack of pleuro-pneumonia. The point of doubt which exists, is, whether the patient has had a pneumonic abscess following consolidation or a tubercular cavity.

It can hardly be assumed that the physical signs here denote a tubercular excavation, simply because it is scarcely conceivable that there should be tubercular disease on one side so marked as to give distinct signs of an excavation, with the patient improving in strength, with her breathing becoming less and less embarrassed, and the other lung presenting the sounds of perfect health. Taking these facts into account with the additional ones that the signs of a cavity are becoming less distinct, the cavernous breathing being far less obvious, and the tympanic resonance far less readily produced than they were a week ago, there is every reason to believe that the excavation here produced is not due to tubercular softening.

If this view of the cases be correct, if there has been here pleuro-pneumonia, a consolidated lung, we can conceive of two explanations of the phenomena; part of this consolidated lung has broken down and produced a small abscess or cavity, or else the consolidation exists around a bronchial tube, and there are peculiar physical conditions present which without a cavity existing, produce signs of a cavity. But first, the question may be asked, how then account for the fact that these signs showed themselves so much at the apex, and for the hacking cough which has existed so long? It is quite possible that latent tubercles have existed in this lung, particularly at the apex, inviting the pneumonia to this spot, as often happens. When pneumonia occurs at the apices of the lungs, there will frequently be a previous history of latent tubercles, and in after years a development of tubercles in that spot. But though this is possible, it is certain that no tubercle to any extent exists, and the pneumonia may have happened at the apex without preëxisting tubercle. Now as regards the physical signs being due to consolidation, probably around a bronchial tube and without a cavity, the absence of expectoration to any extent favors this view. Moreover the thermometer has been placed in the axilla every night, to determine the heat of the body. As yet it shows marks between 99 and 101½ degrees, a temperature not elevated to a considerable degree, and not more so than can be accounted for by the remains of the febrile phenomena present. But should it continue to be thus elevated when the patient gets about, it might be the turning point in the diagnosis, and lead to the belief that there exists a real wasting of the lung whether from a tubercular abscess or not.

In regard to the treatment, the iodide of potassium and blister had a prompt effect. The patient was dying, though she was being stimulated, and it was only when the absorbent and counter irritant effect of these remedies made themselves obvious that improvement began. There is now nothing to be gained by continuing these remedies. The dulness having diminished the respiration become distinct, the breathing ceased to be embarrassed, and the pulse being no longer accelerated, there is no necessity for their further use, as there is so little left to be ab-

sorbed. The indications now are for a supporting and very nourishing treatment, with a stimulation of the secretions of the kidneys in particular, to pass away what may still remain of matter, which needs to be thrown out of the system. She takes juniper tea, a pint daily, and six ounces of whiskey, which will be gradually reduced as her food is increased. She is also taking two teaspoonfuls of cod-liver oil three times a day, which will be increased when the state of her stomach will admit of it, and iodide of iron.

[At a subsequent clinic this patient was shown almost well—the physical signs of a cavity at the apex had disappeared. There had been no copious expectoration.]

#### Eczema Capitis.

This woman was admitted on the 27th of December, on account of eczema of the scalp. Her head was one mass of incrustations. On the right arm there was also perceived an eruption, similar in character to that on the head, but it has never been marked on the arms. The case has been a very inveterate one. She says this was the first attack, and that it came on without any apparent cause. Eczema of the scalp is rare in adults, though occurring frequently in children.

She was placed at first on the solution of the arsenite of potassa, and locally on the benzoated ointment of zinc, without any other than a temporary improvement. But she has been improving rapidly within the last ten days, under the use of the ointment of iodide of sulphur, ten grains to the ounce, the scalp having been first shaved and poulticed to remove the scabs. It is an essential pre-requisite to remove the scabs by poultices, so that the applications shall come in direct contact with the diseased surfaces. If the ointments be merely rubbed into the hairy scalp, no result will be obtained. Internally she takes ten grains of chlorate of potassa in two drachms of compound syrup of sarsaparilla, three times a day.

The iodide of sulphur makes a valuable alterative and stimulating ointment, the strength of which can be increased to twenty grains to the ounce, well rubbed in, morning and evening. The part should be poulticed from time to time to prevent scabs from forming, and contact with the air prevented by wearing an oil-skin cap. Fatty and salty articles of food, and those difficult of digestion, should be avoided. The compound syrup of sarsaparilla containing senna will be apt to regulate her bowels.

#### Neuralgia.

James R., æt. 36. For eight years he has been attacked with violent pain, shooting from in front of the left ear to the top of the head, not seeming to pass from one place to the other, but skipping the intermediate points. The pain is so severe as for weeks to prevent him from doing anything. It is not constant, he has been for three months without it. During the attacks of pain, there are exacerbations, it being worse at night, and there being times in the middle of the day when he is entirely free from pain.

His general health is good, but he is generally



however, of costive habits. Tongue clean, appetite good. He had chills and fever when a boy, but not since. Never had any venereal taint. Never had scurvy. His father died at an advanced age, and there is no hereditary disease. He had, however, an older sister, who also suffered a good deal of pain in the temple. His mind is as clear as ever, and his memory unimpaired. He has been subject to attacks of giddiness, even when he has had no pain, since he was twenty-one years of age. He sleeps well at night, except when disturbed with the pain. There are no cerebral symptoms, excepting the vertigo, which probably depends on the fulness of the bloodvessels produced by his constipation. It is a case of pure neuralgia, cause unknown. The nerve involved is probably the auriculo-temporal branch of the inferior maxillary. It cannot be assumed to be the seventh, for although sensory fibres have been discovered in many nerves where their existence was not anticipated, yet there have been none found as yet in the portio dura.

He is being treated by hypodermic injections of atropia, 1-50th of a grain, thrown in near the affected spot, and internally by bromide of potassium.

## Medical Societies.

### The Proceedings of Medical Society of Harford County, Maryland.

The Medical Society of Harford County held its regular meeting in Belair, on Tuesday, Aug. 13, 1867.

In the absence of the President, the Chair was filled by the Vice-President.

The minutes of the previous meeting were read, and before a vote upon their adoption was taken, Dr. Forwood drew attention to the unconstitutionality of an amendment to an amendment of the Constitution, which was adopted at the last meeting; the said proposition not having had the required three months notice. The supplementary amendment being null and void, and being regarded, also, upon consideration, as unnecessary, it was ordered to be stricken from the journal of the Society. The minutes were then unanimously adopted.

Dr. JOHN C. POLK having been proposed for membership at the last meeting, was, upon ballot unanimously elected.

The committee appointed at the last meeting, consisting of Drs. Lee, Thos. H. Roberts, and Wm. J. Evans, to express the sense of this Society in regard to the law passed by the late Legislature respecting the crime of unlawful abortions, was called upon to report.

Dr. LEE stated that as the law had been set aside in this county, since our last meeting, he had not supposed it necessary to make any report; and therefore asked to be discharged.

Dr. Forwood opposed the discharge of the Committee on the ground, that in view of the fact that inasmuch as the board of physicians which had been organized under the law, in this county, had resigned their office, and that the said board

was chiefly composed of members of this Society, it was due to the profession of the county and State, that we, the only organized body in the county, should fully set forth our reasons for non-compliance.

The Committee was continued by a unanimous vote, and requested to report at the next meeting.

All the members present, who had not previously done so, now paid their assessed tax of one dollar toward defraying the expenses of printing.

As one of the Delegates to the American Medical Association, Dr. Forwood stated that he had a lengthy report of the proceedings of the meeting of that body; but in consideration of the fact that the MEDICAL AND SURGICAL REPORTER had already given a very full and correct report of those proceedings, to which journal several of our members were subscribers, it seemed almost useless for the report to be read.

As, however, several members requested to hear the report of the delegate, it was read; and upon motion of Dr. LEE, was accepted with the thanks of the Society.

Dr. Forwood then stated that he had just received from Dr. G. W. ARCHER, since the opening of the meeting, a biographical sketch of his grandfather, Dr. JOHN ARCHER; and, at the request of the Society, the same was read. The Society, on motion of Dr. Forwood, passed a vote of thanks to Dr. ARCHER, for his interesting sketch of one of the most celebrated physicians, and one of the most trusted public men in this county at the end of the last century, and ordered the sketch to be placed on the records of the Society. In addition to the well-known services of Dr. JOHN ARCHER in medical and political life, the profession will be interested in knowing that he was the first individual who ever received a medical diploma in this country; having graduated in 1768. (The said diploma was exhibited at our February meeting, and noticed at the time.) The sketch will probably be submitted for publication at a future day.

Dr. Forwood informed the Society, that in accordance with the instructions given at the last meeting, he had this day placed the Constitution and By-Laws, Code of Ethics, etc., in the hands of the printer, Mr. BATEMAN, for printing in pamphlet form; and that printed copies would be ready for delivery on or before the next regular meeting in November.

It was proposed that the President appoint a lecturer to open a subject for discussion at the next meeting. Dr. SAPPINGTON moved that Dr. Forwood be so appointed, which motion was seconded by Dr. COCHRAN, and adopted by the Society. Dr. THOMAS C. HOPKINS suggested that Diphtheria be the subject, which suggestion was agreed to.

It was then moved and carried, that Dr. FINNEY be requested to lay his views upon the subject of Hysteria before the next meeting of the Society.

Dr. LEE offered a resolution requesting that a committee be appointed by the Chair, to wait upon the County Commissioners for the purpose of ascertaining what appropriation they may be willing to make toward paying for the medical attendance of out-paupers who are supported by



the county. The resolution was unanimously adopted, and Drs. LEE and MAGRAW appointed the committee.

It is notorious that physicians have been obliged to attend out-paupers without compensation, thereby keeping many out of the Almshouse, who, without such gratuitous attention, would be compelled to go there and add to the expenses of the county. While ample appropriations are made for other laudable purposes, it would appear that a small sum set apart for the relief of human suffering would not be altogether misplaced.

The business before the meeting having been transacted, the Society, on motion, adjourned.

W. STUMP FORWOOD, Secretary.

## EDITORIAL DEPARTMENT.

### Periscope.

#### Local Application of Water.

The following simple and ingenious suggestion for topical water-dressings, is made by Dr. J. L. PRENTISS, in the Transactions of the Kansas State Medical Society:

"A rubber bag of the required dimensions, made with the two surfaces attached at intervals, so that when filled with water the thickness will not exceed one-fourth of an inch. To one end of this quilted bag is attached a rubber tube as long as necessary, connected with a pail or other reservoir of water. To the other end of the bag is attached another tube with a stop-cock to regulate the flow of the stream, and leading to a receptacle for the waste water.

"By this means you will perceive that a thin sheet of water may be placed directly over the part without coming in contact with it, and also that the temperature of the water may be kept even by a continual change through the supply and discharge tubes. As to the moisture, I have usually applied a wetted cloth over the injured or diseased part, and if the application be a cold one, a sufficient amount of the insensible perspiration or vapor of the air will condense upon the appliance to keep the part moist.

I have described this rubber bag with tubes attached, because it was the first that I made and used, but I have since adopted an apparatus more easy of construction, and I think equally efficient. It consists of a light rubber tube about seven or eight feet in length, (longer or shorter as necessary), coiled in the form of a lamp-mat to the desired dimensions, and retained in shape by means of light cords extending from the centre to the circumference, and tied around each coil, one end of the tube (from the centre) being left of sufficient length to introduce into a pail of water, and the other from the periphery, with a stop-cock attached, extending to the waste pail.

By means of a current of water through this coil, any desired temperature may be produced and maintained. The smallest sized tubing is

the best, and may be obtained at the trifling expense of 15 cents per foot."

#### The Malarial Miasm in Non-malarial Diseases.

Dr. C. C. SHOYER, in the Transactions of Kansas State Medical Society, makes the following remarks on this subject, which our readers in the South and West will readily appreciate:

"In Leavenworth there is a tendency for diseases to merge into a periodical form; I do not wish to be understood as denying that it may not prevail in other parts of the State, for I believe it does; a better way of expressing myself would be to say that periodicity complicates non-malarial diseases. You find it in treating pneumonia, pertussis, bronchitis, diarrhoea, dysentery, dentition and the eruptive fevers. If you perform a capital operation, as an amputation of the thigh performed by a surgeon of this city, you are apt to encounter a sympathetic fever, that will only yield to quinine pushed to cinchonism; the same holds true of minor operations; for in a case of hemorrhoids that I operated on, assisted by Dr. CARPENTER, pains of such intensity came on in the abdomen, after the operation, that it suggested peritonitis, especially as there was vomiting, extreme tenderness to pressure, constipation, etc.; but there was wanting the characteristic pulse, and peritonitis, except in the puerperal state, is a rare disease. Watching closely, Dr. C. and myself noticed a periodical tendency, and quinine cured the alarming symptoms. You treat cephalalgia, neuralgia, myalgia, and even rheumatism, better and more speedily if you combine with, or administer simultaneously, the great specific and your other remedies. I have in mind a case that I saw in consultation with three other physicians, a case of great interest and danger—chronic dysentery—which resisted in turn all the remedies exhibited, but upon adding quinia to our treatment the case at once improved, and recovered in a very short time."

#### Chlorate of Potash in Vesical Catarrh.

Few diseases are more annoying, alike to physician and patient, than old cases of catarrh of the bladder. Dr. S. F. STARLEY, of Fairfield, Texas, has tried to some extent, and with encouraging success the chlorate of potash. He thus records his experience in the *Southern Journal of the Med. Sciences*.

The patient was an intelligent lady, of high nervous sensibility, aged about twenty-six years. The disease appeared soon after her first confinement, and I suppose resulted from prolonged pressure of the child's head against the neck of the bladder, as she informed me that her labor was a very protracted one. The affection was of more than twelve months standing, when she placed herself under my care.

Despairing of success with the usual remedies, I determined to test the effect of chlorate of potash, injected into the bladder. Accordingly, I prepared a solution of the strength of  $\mathfrak{z}\text{i}$  to  $\mathfrak{z}\text{viii}$  of water and injected four ounces of it into the

bladder, directing the patient to retain it for half an hour. It gave scarcely any pain, and at my next visit I found that my patient was better than she had been for weeks, and that there was less mucus deposited in the urine. I then injected six ounces of chlorate solution, and directed her to retain it as before. The next day I found her still more improved, and as the bladder was found to be perfectly tolerant of the remedy, I directed her to retain it for one hour. By my next daily visit, she had experienced an amount of relief that rendered her buoyant and hopeful. After continuing this treatment for a few days longer, she was able to bear a specular examination of the cervix uteri, which was found to be in a state of granular erosion. This was cured by a few applications of the nitrate of silver crayon. The injections of the chlorate solution were continued daily for about two weeks, and afterwards once in two or three days, all other medication being suspended, in order to test the efficacy of the chlorate. The patient improved steadily under this treatment, and in one month from the time it was commenced was quite well.

## Reviews and Book Notices.

**A Treatise on Emotional Disorders of the Sympathetic System of Nerves.** By WILLIAM MURRAY, M.D., M.R.C.P., Physician to the Dispensary for Sick Children, etc. New York: A. SIMPSON & Co. 1867. 8vo. cloth. pp. 95. Price, \$1.50. For sale by LINDSAY & BLAKISTON, Philadelphia.

In one of his Essays, EMERSON speaks of a friend, who when in usual health was a Universalist, but during certain periodical returns of liver disease changed to an old fashioned Calvinist of the gloomiest dye. This is the moral of Dr. MURRAY's thoughtful treatise. He aims to establish two propositions: that the emotions injure the health by affecting the viscera through the sympathetic nerves; and inversely, that disordered states of the viscera induce emotions, by causing abnormal action of the sympathetic system. While he cannot be said to bring forward many new facts, he certainly has marshalled many curious and puzzling physiological and pathological occurrences in as novel and effective way. He acknowledges that the actions of the cerebro-spinal and sympathetic system are so closely allied and so very difficult to distinguish, that it is premature to decide on their more specific effects. In a general way he has ably sustained his thesis, and in his practical remarks on the therapeutics of the emotions, the necessity of treating them when they are violent and dangerous, as much, and often more, by physical than by moral means, are most judicious, and most worthy the attention of the profession.

The book is the first we have seen from the new publishing house of SIMPSON & Co., who promise to enrich our medical literature with other and valuable additions. It is an agreeable duty, therefore, to inform our readers that the paper is fine and clean, the type excellent, and the proof reading carefully done. It is every way creditable to the firm.

**A Treatise on Human Physiology:** designed for the Use of Students and Practitioners of Medicine. By JOHN C. DALTON, M.D., Professor of Physiology and Microscopic Anatomy in the College of Physicians and Surgeons, etc. Fourth edition. Revised and enlarged with 274 Illustrations. Philadelphia: H. C. LEA. 1867. 1 vol. 8vo. pp. 695. Cloth.

In many respects Prof. DALTON's Physiology is the best before the American public, and a new edition will be gladly welcomed by numerous students of that highest of sciences. The present edition has been thoroughly revised and largely augmented. Much of great importance has been drawn from the comparative physiology of the lower animals, a number of new facts on the circulation, on muscular action, and histology, are introduced, and especially the section on the Nervous System has been in great part rewritten, giving almost an entirely new position to our knowledge of some of the most important parts of the cerebro-spinal axis. The remarkable perspicuity with which some of the most recondite functions are described, the happy faculty of illustration enjoyed by the writer, and the *suggestiveness* which marks the book, render it one particularly adapted to engage the attention, and awaken the interest of students. The clear type, and carefully prepared illustrations, a number of them new, are also most commendable.

In some other respects it is rather a book for the cultivated physiologist than the beginner. There are a number of minor physiological actions, which the tyro should understand, scarcely or not at all mentioned by Professor DALTON. For example, the voice and speech, lactation, the ductless glands (except the spleen), eructation, defecation, and emesis, are all inadequately treated, so far as the student is concerned, and some of the chapters presuppose a knowledge of the subject, unfortunately rare in our medical schools.

— The Wisconsin State Medical Association have resolved neither to admit nor retain as members those who are in any way concerned in producing abortions.

## Medical and Surgical Reporter.

PHILADELPHIA, AUGUST 24, 1867.

E. W. BUTLER, M. D., & D. G. BRINTON, M. D., Editors.

### PARACELSUS, THE REFORMER.

An expression used in a book notice in the REPORTER some weeks since, to the effect that PARACELSUS was to medicine, what LUTHER was to theology, has called forth from correspondents something like a challenge of its correctness. Not this alone, but a desire to defend the much maligned character of one of the fathers of modern medicine, leads us to give a sketch of his personal character and teachings.

Born in 1493, he was the only child of parents both of whom held respected positions in the medical world—his father being a practitioner, and his mother superintendent in the hospital attached to the monastery of Einsiedeln. Educated in the traditions of the old school of medicine at the University of Basle, his earnest love of knowledge was not content with the dusty maxims of antiquity, but sought in wide travel and in intercourse with scholars and alchemists, shepherds and executioners, from every source, in short, whatever threw light on the healing art. When thirty-four years of age, he was appointed professor at the University of Basle, and at once struck out with all the daring originality of his disposition. As LUTHER burnt the Pope's bull at Wittemberg, so PARACELSUS solemnly commenced his introductory lecture by the not less sacrilegious act of burning the Summary of Medicine of AVICENNA. And instead of using the Latin, he had the unparalleled audacity to talk throughout in German. "I want you to know," he said to his astonished pupils, "what a physician ought to be, and I want the people to know it, so I shall lecture in German." And he went on to tell them, in no ambiguous words, that he who knew nothing but GALEN and AVICENNA, was no physician at all; that "a physician should know why he gives a remedy, and not forever dance after the fiddling of those old fogies." "The best preceptors," he told them on another occasion, "are the body and nature. Study these, read these, and not your own notions. Don't draw your practice from your theories, but your theories from your practice. Reading never made a doctor, but practice; reading is nothing to practice, but a footstool and a dust-brush. Why do you run after this and that professor? Your two eyes, if they delight in learning, let these be your professors."

Then, again, he attacked severely the mean custom prevalent then, (but of course quite obsolete now,) of physicians conniving with apothecaries and sharing their profit on drugs. Following up this vein, he inveighed against the folly of the polypharmacy so much in vogue at that time, and sought with all his might to direct attention to simple, indigenous, and cheap remedies, such as he occasionally found among the people, and was the first of moderns to write upon the virtues of medicinal springs, so abundant in Germany. "The longer the recipe," he says on these subjects, "the less it is worth." "Where you find a disease, there search for a remedy."

Rejecting the absurd doctrine which ignorance and prejudice still assign to us, that *contraria contrariis curantur*, he proclaimed, though in a somewhat inarticulate manner, that disease was a departure from a normal condition, and not a thing in itself, the same doctrine which, purified and elevated by modern science, the eloquent Dr. CHAMBERS has so beautifully stated in "The Renewal of Life." Therefore he divided the *materia medica* into specifics and alleviatives, as is now practically accepted by all. He enriched it with many valuable preparations, as the mercurials in syphilis, and tincture of opium. As a consequence of this great principle, he denied the distinction his contemporaries sought to set up between surgery and medicine, and bitterly opposed those who then, like many now-a-days, sought to make specialties of this or that branch. "Let no sect arise in medicine," he says, "for one and single is the science." Even the historian SPRENGEL, one of his blindest enemies, confesses that "in the history of surgery, PARACELSUS made the most important epoch."

This is but a very meagre outline of the doctrines of this remarkable man. With what marvellous insight he saw the true course for medicine to take, few have appreciated until now. What an uproar they caused among the venerable Galenists and Sangrados can scarcely be conceived. No name was too hard for them to use, no accusation too vile, and it is said that his death, at the early age of forty-eight, was brought about by their hatred.

PARACELSUS' temperament was not of a kind to conciliate them more than his doctrines. He was sanguine, enthusiastic, scorning perhaps too much the amenities of life, unsparing in his tongue, and with a wonderful command of homely, caustic language. "I am not one of your fine-spun dandies," he says, "it is not my style, nor the style of my country. I was not raised on

figs, and mead, and wheat bread, but on cheese, and milk, and oat-meal."

His rivals accused him of almost every vice. They said he was a drunkard, but the accusation, when traced to its source, is found to come from his bitterest enemy, the bookseller OPORINUS. They called him a sorcerer, possessed of the devil, a dealer in the black art. But he composedly replied, "Let them talk. The Jews accused Christ of all these things long ago. What ever seems magical, look for its cause. Be not deceived by the art of divination and such like. They are all uncertain trickeries." That he was honest and unselfish, that he was conscientious to his patients, of remarkable skill in the treatment of disease, and kind to the poor, none have denied, and although unmarried, so austere was his chastity, that his enemies consoled themselves by circulating the absurd story, that when a boy, a sow had bitten off his organs of generation!

Though in the midst of the exciting scenes of the Reformation, he seems, like his good friend ERASMUS, not to have taken an active part in the new views, and probably died a Catholic. But he was an earnest reader of the New Testament, and repeatedly expressed his veneration and love for it. He left probably the smallest, and for its size, the most valuable library of any doctor. It contained only the New Testament, a Concordance, and St. Jerome's Commentary on the Evangelists,

In the romantic environs of Salzburg manifold beauties claim the eye. But on a visit once to its famed site, we saw no objects of greater interest than an ancient grey house marked by an inscription as that in which the distinguished Doctor THEOPHRASTUS PARACELSUS died, and a marble slab in the Church of the Brüderhaus, on which is inscribed the homely epitaph: "Here lies PHILLIP THEOPHRAST, the renowned physician, who removed those dire evils, leprosy, gout, dropsy, and other incurable defects of the body, with wondrous skill, and honored his calling by distributing his goods to the poor. On the 24th of September, 1541, he exchanged life for death."

#### THE RAIN-FALL OF 1867.

The immense fall of rain that we have had this year is worthy of passing note, aside from its probable effect on the public health.

The rain-fall of the first seven months of this year has been 36.50 inches, and that of the month of August, to Saturday the 17th of the month inclusive, was 14.85 inches; that of the week ending on that day having been 7.291 inches,

and for the 24 hours ending at 12, P. M., Thursday, Aug. 15th, 6.680 inches!

This is an extraordinary record, as will be seen by the following statistics, for which we are indebted to the *N. Y. Evening Post*. The mean annual fall of rain and snow from 1836 to 1854, was 42.23 inches. In 1855 the precipitation in rain and melted snow reached 57 inches; the next year, 46; the next, 57; and for each of the succeeding four years till 1861, about 50 inches. In the next three years it varied widely. In 1865 it reached nearly 57 inches, and last year 48. The tables show the average annual fall of rain for 30 years, from 1836 to 1866, to be 44.62 inches. The average for the past 13 years is 48.11 inches. But since the heavy storm in October last the fall has been almost unprecedented, namely, in ten months 48.57 inches. The current year has been remarkably wet. But the excess of the present year over the last may be more clearly stated in this way:

Rain-fall in 1867, first seven months.....	36.50 inches
Rain-fall in 1866, first seven months.....	27.04 inches.
Excess in 1867.....	9.46 inches.

If the rain-fall during the remaining five months of the current year should prove equal to that of the corresponding months of 1866, it will amount to 57.68 inches, a larger amount than has fallen in any one year within the memory of man. But if it should continue to fall for the coming five in the same proportion as during the past seven months, the precipitation in rain will be 62.57 inches, or 5 feet 2½ inches for the entire year, or 5.07 inches more than has ever been known to fall (in New York) in the same length of time.

One effect of this heavy fall of rain, and a very important one to the material interests of the country, is the extraordinary crops which have been realized, being the heaviest ever gathered in our country.

It remains to be seen what effect it will have on the public health,—whether the earth being so thoroughly saturated with water, the hot days of the remainder of the season will not cause an evaporation that will develop unhealthy miasms, which will cause sickness. The water supply of our large towns and cities must, for a time, be rendered quite unwholesome, from surface washings and vegetable and other impurities. On the other hand, the streets have had a thorough cleansing, an immense amount of filth and garbage having been washed away by the heavy rains. The good results of this cleansing of the streets will undoubtedly do something to coun-

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terbalance any evil results from the causes enumerated above.

### THE PUBLIC HEALTH.

We have to report an increase in the prevalence and fatality of yellow fever in the South-western States. In Galveston, Texas, the violence and fatality of the disease has become fearful. Twenty deaths occurred on the 12th, 31 on the 13th, and 29 on the 14th inst. On the 15th there were 21 burials. There were over 1000 cases of fever in the city. On the 15th the hospitals were filled to overflowing with patients, and the managers were calling for extra help to nurse the sick. The Internal Revenue office had been closed, all the employes being down with the fever.

A committee sent from Houston to Galveston report as follows:

"That from the best information we could obtain, there had been, up to the 1st inst., from 125 to 130 cases of the disease in the city, out of which number 20 to 25 have died; and at the date mentioned there were then on hand about 100 cases, including those in hospitals as well as those in private practice; that the malady first made its appearance among the destitute classes of inhabitants, but has since found its way to, and is spreading through the better circles of society. Its march, though slow, has been steady, and we have no hesitation in saying that the disease is at this time epidemic. While we do not regard the type as a very mild one, yet the cases generally yield very readily to prompt treatment. But we are free to confess that we have reasons to apprehend that it may assume a more virulent form as it progresses. That as to the local origin of the Galveston fever, we do not find the facts collated sufficiently systematic or satisfactory to enable us to arrive at a positive conclusion; but it was the prevalent opinion with the members of the Faculty, with whom we conferred, that the disease was not introduced, and that it originated in that city."

The disease is reported also at Corpus Christi, Texas, New Iberia, La., and Pensacola, Florida. At New Iberia the disease broke out suddenly, and was very fatal. On the 8th three of the physicians were sick; and some from the vicinity, who had been rendering temporary aid, had been called home. Help is urgently called for, both physicians and nurses being needed,—and will be thankfully received through the Howard Association of New Orleans. In New Orleans the disease continues, but is not very fatal, so far.

The cholera seems to have abated considerably on our Western frontiers. In Sicily, and throughout Italy, it is committing serious ravages. In Sicily 3333 deaths were reported for the week ending July 24th.

### ANIMAL GRAFTS.

A brilliant French novelist not long since wrote a curious tale, recently translated for the American public, with the original title "The Man with the broken Ear." The plot was based on the scientific truth that viability in the part and system can be retained when function ceases,—that what we call *life* is but function in action.

Plastic surgery recognizes this life in a part, and grafts one portion of the body on another, or replaces a portion of a nose or a finger when lopped off, and witnesses its continued growth. In lower animals this principle is more astonishingly developed. Cut a polyp into a dozen pieces and each fragment will develop itself into an independent and perfect type of the species. A French naturalist, M. VULPIAN, cut off the tails of tadpoles, and saw them not only live but *grow* for ten days, indifferent to all theories of nervous centres, digestive apparatus, or circulatory systems. But the member that seems to have the strongest dose of the "vital principle," is the tail of a rat. This is the very ideal of life, and here, if anywhere, we ought to locate the seat of vitality. The following experiment was made by Mr. BERT. He dried a rat's tail under the bell of an air pump, and in immediate proximity to concentrated sulphuric acid, so as gradually to deprive it of all moisture. Then he placed it in a hermetically sealed glass tube for five days. At the end of this time he subjected it for a number of hours to a temperature of 98 degrees centigrade in a stove, and subsequently sealed it a second time in his tube. Four days more having elapsed, he united this tail by its cut extremity, to the freshly cut stump of a living healthy rat, and quietly awaited the result. His success was as complete as it was marvellous. It commenced to expand and perform the natural duties of a tail, and three months afterwards, he demonstrated by a second amputation, and a careful injection, that it was furnished with proper vessels and was a living part of the second rat!

What rich lessons practical surgery may learn from such experiments, can be imagined. A careful anatomist has transplanted a fragment of bone from the skull of one rabbit to the skull of another, and found it form adhesions and replace the lost portion perfectly. A piece of pericosteum taken from a rabbit twenty-four hours after death, grew and produced bone when grafted neatly on a living animal of the same species. Nerves also have been removed from one body to another with success, and some very singular results noticed where a portion of a motor was excised and supplied by a fragment of a sensory

filament. The diseases to which grafted members are subject, after they have been exposed to certain reagents, are also full of hints for the pathologist and the physician. But we must refer our readers, curious on such matters, to the papers of the writers mentioned.

## Notes and Comments.

### Chloroform and Ergot in Obstetric Practice.

We are glad to say that the *lengthy* communications on this interesting and important subject are drawing to a close. If our Zanesville disputants could have confined their remarks to half the space we should have been glad. As it is, however, we hope that good will result from the discussion, which has been conducted on both sides with ability, and in the main in a good spirit.

Dr. GEO. W. HALDEMAN of Newville, Pa., in a business note writes:

"I cannot refrain from remarking, that my experience in the use of '*Chloroform and Ergot in Obstetric Practice*,' fully corroborates all that has been said on the subject by Dr. HILDRETH, of Zanesville, Ohio. I began to try for the purpose of testing, the 'practice,' about three years since, and now like it so well, that, during the last year, I have not gone out of my office to see a case of confinement, without first providing myself with a few ounces of *vinum ergotæ* and *chloroformum*; and I am sure, as a recompense, I have at least gained much valuable time and a great deal of comfort, for myself as well as my patients."

### Charlatanism Exposed.

A correspondent has kindly furnished us with evidence of the charlatanism of Dr. T. S. UP DE GRAFF, of Elmira, New York, from whose pen we admitted an article into the columns of the *REPORTER* some months since. It seems, from documents before our eyes, that he is in the habit of travelling about the country, heralded by handbills and certificates of cure, and that he publishes a monthly paper as an advertising sheet.

We can only say now, that we regret that we were misled into the publication of an article from his pen, and that had we been aware that he was guilty of these reprehensible and uncalled for practices, his article would have received no consideration at our hands.

*Let our subscribers furnish us with lists of the regular practitioners in their neighborhoods, and post us in regard to the quacks, and we will be less liable to be deceived.*

### The Palmer Limb in Europe.

Dr. B. FRANK PALMER of this city, manufacturer of artificial limbs, was not an exhibitor at the *Exposition Universelle* at Paris, this year. He was content to rest on laurels won at former "world's fairs." Instead of sending models to Paris, he by special request sent some to Berlin, where they gave such satisfaction that the "Palmer Limb" was immediately adopted for the Prussian Army and Navy, and the return steamer brought him an honorarium of \$1000 in gold from the King of Prussia.

**A RARE OPPORTUNITY** for investing in a tract of land in New Jersey, in every respect adapted to the cultivation of the various kinds of berries, is offered in our advertising columns. It is well known that this is one of the most profitable kinds of agricultural pursuits. Berries of all kinds are always in demand in excess of the ability to supply, and prices are always good. We can conceive of no better opportunity than this offers to invest money to advantage. The enterprise is in good hands, and we have confidence will be well managed.

**ERRATA.** In Dr. HILDRETH's article in the *REPORTER* of August 10th, the following typographical errors occurred:

Page 116, first column, 29th line, for "cervix," read—vertex.

Page 116, second column, 25th line, for "it is not easily," read—is most easily.

Page 117, first column, last line but one, for "Thus," read—Here.

Page 118, first column, 19th line from top, for "tense," read—dense.

Page 120, first column, 32d line from top, for "the shaft," read—that shaft.

## Correspondence.

### DOMESTIC.

#### The New Law regarding the Practice of Medicine in Maryland.

EDITORS OF MEDICAL AND SURGICAL REPORTER:

After the very full synopsis given in the editorial columns of your journal of June 8th, of "*An Act for the Protection of the Public against Medical Impostors and for the Suppression of the Crime of unlawful Abortion*," in Maryland, we were not a little surprised to find, in your issue for July 20th, an endorsement of the law by a correspondent from Delaware, Dr. KENNEDY.

As silence upon the subject on the part of Marylanders might be construed into assent, and as our professional brethren in other States may

desire to hear the views of some of those who are personally interested, we take this occasion to make a few remarks.

In the first place we will state that we believe the law to be wholly inefficient for the object designed. The law cannot reach the Abortionist; his, and *her* business is done in secret; they do not apply for a license to practice that operation; and notwithstanding the pains and penalties of this law, the guilty public will find operators, and the guilty operators will find patients.

Again, we object to the law for the reason that it is *ex post facto* in its operation. It assumes that none are qualified to practice medicine, unless they obtain a State license; regardless of long and honorable service to the public, and regardless alike of the qualifications testified to by the most respectable Medical Colleges in the country.

It is peculiarly degrading to a physician in his old age, when almost ready to lay aside the appliances of his art, to be called upon to give additional evidence of his fitness to practice his profession.

In the next place, the law punishes the innocent for the guilty: it assumes that the whole medical fraternity are Abortionists; and hundreds of upright, honorable, and capable practitioners are obliged to submit to examinations and taxation, and loss of time in attending the meetings, in order that one disreputable character may be deterred from pursuing his vocation; and with all this precaution, that one criminal will, in nine cases out of ten, succeed in eluding the law.

We object again, that the law allows all irregular practitioners, advertising doctors, homoeopaths, and all who can produce a diploma, and those without diplomas who can show a smattering of medical knowledge, to be admitted, in full standing, to practice medicine on an equality with the most respectable physicians. Indeed their irregular practice is *licensed* by the State, thus giving them a more respectable standing than they ever had or expected to have. And it is entirely probable that we will soon have our attention drawn to glaring advertisements in the papers, announcing that Doctor So-and-So has been licensed by the State as especially qualified to cure "consumption," or "secret diseases," or other maladies.

But the most degrading part of the law is that we are obliged to associate with these charlatans, and vote with them in the meetings of the "Faculty." The law makes a *compulsory medical society*, forcing us to meet with these quacks on

terms of equality, under penalty of an additional fee for non-attendance of the meetings!

Another consideration worthy of notice is the *taxation* imposed by this law. All physicians know how expensive is the cost of a medical education, added to which must be the outfit for practice, and the procurement of the Government license, preparatory to commencing business. These items form as much of a burden as the majority of young physicians well can bear; but in addition to all this, he is now told that, in order to prevent a few criminals from pursuing their course, he must appear before the temporary board of examiners, have his credentials inspected, and pay five dollars for the privilege; then, in two or three months, go before the permanent board, renew his license, and pay ten dollars for the privilege; and then attend the annual meetings with the quacks, and pay two dollars for the privilege; or stay at home and pay five dollars for the privilege; but, notwithstanding absence from the meetings, *shall be obliged to renew his license annually, and pay for the same.*

After enjoying these privileges, the young practitioner, and the old one, too, may go among his patients, "the dear public," and ascertain how much additional to the old fees they are willing to pay for the protection thus afforded them against the abortionist.

If an individual is qualified to practice medicine to-day, it is certainly reasonable to infer that he will be equally qualified a year hence, should no disabling disease intervene, without a renewal of the grant.

But even if the law was, in other respects, just and efficient in its operation, it would be very unjust to tax the honorable members of our profession to pay the expenses of carrying into effect a law avowedly for the protection of the public against a certain class of criminals. It would appear proper that the public should pay for its own protection.

We do not wish to be understood as intimating that the medical profession of Maryland is not willing to use every legitimate means to suppress the crime of unlawful abortion. It is well known that medical men, the world over, have taken a more active part in attempting to suppress abortion than any other class; we therefore object to being *compelled* to contribute our time and money for carrying out a law, for the protection of the *public*, which law regards us as being individually responsible for the crime that we have unceasingly protested against.

We are not only willing, but anxious that the

public should be protected against the crime of abortion; but we are not willing that we should be treated as criminals, and forced to associate with quacks. It is the duty of the public to protect themselves. No one performs the criminal operation without the special application of one of the "public;" and the "public" is responsible for the temptation offered. A law for the protection of physicians against the public offering temptations to abortion, and compelling the public to pay the expenses, would be quite as reasonable.

There are other objectionable points, concerning consultations, etc., which it is unnecessary to mention here.

In this county (Harford) a temporary board of examiners was appointed by the Governor, according to the law, and, as the practical operation of the law was not then clearly understood, the appointees consented to serve. Under their administration about one-third of the physicians of the county applied for licenses. A permanent board was afterward organized, as provided for, thus taking the matter out of the hands of the Governor, whereupon this board immediately resigned; thereby putting an end to the law so far as this county is concerned. It is not believed that there are any physicians in the county who would be willing to accept the office: the opposition is unanimous.

It is further said, by legal authorities, that, in consequence of the omission of some technical formalities, the law is rendered nugatory in point of constitutionality.

We agree with the editors of the REPORTER, that, "our profession must be a law to itself, and not seek the interference of State legislation," but if the State insists upon legislating upon the practice of medicine, the profession should unite in demanding that none should be licensed by the State who are not eligible for membership in the AMERICAN MEDICAL ASSOCIATION.

W. STUMP FORWOOD, M. D.

Darlington, Md., July 26, 1867.

#### Treatment of Sycoosis.

EDITORS MEDICAL AND SURGICAL REPORTER:

In answer to your correspondent, and at your request, I give the treatment I have practiced for sycoosis or barber's itch, for the last thirty years with universal success.

Stop shaving near the sores; cut the beard with sharp scissors; wash the affected part thoroughly night and morning with castile soap and soft water; after which rub the whole surface with an ointment made from the following:

R. Hydrarg. chlor. mit., ʒj.  
Iodinii (Powd.), ʒj.  
Mix and add adipis (fresh), ʒj.

Triturate until the composition assumes a reddish appearance. If a mild case, use but little of it at a time, if a bad one, rub the sore thoroughly, or until the whole is inflamed.

When the scabs become thick, hard, dry, and matted in with the beard, put on a bread and milk poultice at night, until they become soft and scale off. Repeat the ointment, as may be necessary, till the parts are healed.

At the same time if the disease is constitutional, give a teaspoonful, three times a day, of the following:

R. Potass. iod., ʒiij.  
Syr. sarsaparil. c., f ʒiij. M.

W. GRISWOLD.

Circleville, Ohio.

## News and Miscellany.

### The Prudent Live Longest.

In a very careful and laborious *Appendix to the Eighteenth Annual Report of the Prudential Assurance Company*, by HENRY HARBEN, Esq., is given the experience of the Company in the industrial branch for the years 1864, 1865, and 1866; and the author ingeniously compares the Company's statistics with those issued by the Registrar General. The experience is this: that among the artisan and small tradesmen class of lives, the numbers exposed to risk were in the proportion of 48.3 male to 51.7 female, in this respect assimilating to the proportions of the general population of England and Wales; that the rate of mortality during these three years was 21.67 per 1000, whereas, in all England and Wales it was 23.63—the difference in favor of the Prudential Company being 1.96 per 1000. Since it is the most prudent of the working classes who insure their lives, these facts, brought prominently forward by Mr. HARBEN, tend to verify the old saw, that "the prudent live longest."—*Brit. Med. Journal*.

### The Growth of Population in France.

M. TARDIEU, President of the Academy, has declared that the discussion on the growth of the population in France is closed. According to BROCA, the result of this discussion is, that the slackening which has taken place during the last few years in the growth of the population is by no means alarming, as there is still a decided increase. M. GUERIN, on the contrary, observing that the increase is smaller for some time past than it has been since the beginning of the century; and, comparing this fact with the much greater growth observed in neighboring countries, believes that, in this diminution, lies for France a serious danger, for which a remedy should be sought.—*Brit. Med. Journal*.



**Causes of Deaf-Dumbness.**

Dr. PEET, Superintendent of the New York Institution for the Instruction of the Deaf and Dumb, assigns, the following as the most probable remote causes for congenital deaf-dumbness:

1. Unequal ages of the parents, especially where the mother is older than the father, or advanced age of either parent, especially of the mother.
2. Ill health and feebleness of constitution in one or both parents, especially where there is a hereditary tendency to scrofula.
3. Impairment of the procreative power, especially in the father, through early dissipation or bad habits.
4. Inter-marriages of blood relations.
5. Causes operating during gestation, through the excited imaginations or nervous sensibility of the mother.
6. Ill health of the mother during gestation, or physical accident during that period.
7. Intemperance in one or both parents about the time of conception.
8. The influence of unhealthy occupations, bad water, inferior diet, or damp dwellings of the parents, on their offspring.
9. Direct hereditary transmission.

**Agenesis in France.**

For the perusal of our obstetric readers, and others physiologically or morally interested in the matter, we may signalize a paper in *L'Union Médicale* of June 11th, on the Genesis of the Human Species, treating specially on "the limited and regularly intermitted aptitude of the female for conception." "The genesic period," says M. ARNAD, "starts immediately after the menorrhagic period, and ceases at the fourteenth day from the commencement of menstruation." Dr. ARNAD, in order to complete the practical application of his researches, has addressed to Monsignor Gousset the following question, *Num licitus est matrimonii usus in periodo agenesico solummodo?* To which the illustrious prelate replies that he cannot directly affirm the practice suggested, but that "confessors would not disquiet the faithful" who followed it.—*Brit. Med. Journal.*

**— PRIZE QUESTION.** The Medical Society of the State of Kansas has offered a medal, of the value of five dollars, for the best essay on the endemic diseases of Kansas. The contestants are confined to the members of the Society.

[Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.]

**MARRIED.**

**HOW-DWEY.**—In Auburn, N. Y., at Central Church, Aug. 8th, by Rev. Henry Fowler, Dr. W. Storer How, of Cincinnati, Ohio, and Miss Clara E. Dewey, of Auburn.

**MOSES-BROWN.**—On the 1st inst., at Rugby, the residence of the bride's father, A. J. Brown, Esq., by Rev. R. E. M. adie Dr. Samuel D. Moses, of Sumner co., Tenn., and Miss Bettie Overton Brown, of Albemarle co., Va.

**DIED.**

**BIRKEY.**—In this city suddenly, on the 8th instant, of apoplexy, Dr. John Birkey, dentist, in the 64th year of his age.

**EDWARDS.**—At New Castle, Del., Aug. 16th. James Lewis Edwards, eldest son of Elizabeth C. and Dr. Lewis A. Edwards, United States Army, in the 8th year of his age.

**KING.**—At Richmond, Staten Island, N. Y., Aug. 12th, 1867, Hester Mary, infant daughter of Dr. C. H. and Alice King, aged 5 months and 10 days.

**McGILL.**—Of cholera, on the 21st of July, near Fort Lyon, Colorado Territory, Brevet Lieut. Colonel George McCulloch McGill, Assistant Surgeon, U. S. A., and eldest son of Rev. Alexander T. McGill, D. D., of Princeton, N. J.

**MATTINGLY.**—On Sunday morning, the 11th inst., at New Iberia, (St. Martin's Parish,) Louisiana, Thomas Mattingly, M. D., late of Florence, Alabama.

**THOMPSON.**—On the 16th inst., Mary K., wife of George W. Thompson, and daughter of Dr. John K. and Catharine Knorr, of this city, in the 26th year of her age.

**ANSWERS TO CORRESPONDENTS.**

**Dr. L. D. R. and A. T.**—You say your *Braithwaite and Lancel* have not arrived. Journals with which we commute are sent direct from their publishing offices, and you must therefore address your complaints to the editor. They do not pass through our hands, and we are not responsible for the delay in their arrival.

**Dr. R. R.**—The price of a common skull is \$8 to \$12; a disarticulated, bleached skull is \$25. The articulation consists simply in wiring the inferior maxillary.

**Dr. W. D. N.**—The best treatise on dogs is by *Yowatt*. Price about \$3.00.

**Dr. C. H. O.**—A sphygmograph cannot be obtained in this country. A good large scope costs \$16.

**Dr. T. C. T.**—THOMAS on Diseases of Females is not yet published. It is in press, however.

**Dr. A. P. F.**—SIMPSON's uterine sound costs \$3.00. A priced list of books and surgical instruments, 25 cents. The box went by express Aug. 16th.

**Dr. A. G. F.**—You ask us for the titles and prices of ROBIN's works. He has written a small library. The most important are, "On Fermentation," "Memoir on the Existence of Ova in the Males, as well as the Females of Vegetables and Animals," "Observations on the Growth of Osseous Tissue," "Memoir on the Anatomy of Erectile Tumors," "Memoir on Heterodermic Tissue," "Anatomical Atlas," "Treatise on Anatomical and Physiological Chemistry, Normal and Pathological, or the Proximate Principles, Healthy and Diseased, which Compose the Bodies of Man and Mammals," (three large volumes, quarto, with atlas, "Natural History of the Parasitic Vegetables which occur on Man and other Animals," (with atlas), etc. etc. His last work (just published) is "Lectures on the Morbid and Healthy Fluids of the Human Body." It costs fourteen francs. We believe none of them have been translated at 1-1/2 in America. We cannot find the cost of *TILBURY FOX's* work on "Skin Diseases of Parasitic Origin." Dr. DRAKE's monograph "On the Parasitic Origin of Cholera," is scarce. Have any of our readers a copy to sell? If so, please send us the price. We call your attention to a work by Dr. COWDELL, "A Disquisition on Pestilential Cholera, being an Attempt to Explain its Phenomena, Nature, Cause, Prevention, and Treatment, by reference to an Extrinsic Fungous Origin," London, 1848, which is on the same subject.

**Dr. J. S. L.**—Binding the *REPORTER* will cost you one dollar a volume. We will see that it is done correctly if you wish it done here.

**METEOROLOGY.**

August,	5,	6,	7,	8,	9,	10,	11.
Wind.....	N.	N. E.	S. W.	E.	S. W.	S. W.	W.
Weather.....	Clear.	C'd'y.	C'd'y.	Rain.	Rain.	Rain.	Clear.
Depth Rain.....		3-10	1 5-10	3 8 10	5 10	3-10	
<i>Thermometer.</i>							
Minimum.....	66°	68°	65°	68°	67°	68°	65°
At 8, A. M.....	78	72	69	72	72	74	73
At 12, M.....	82	80	78	72	80	82	78
At 3, P. M.....	83	80	9	72	81	82	78
Mean.....	77.25	75.	72.75	70.50	75.	76.50	73.50
<i>Barometer.</i>							
At 12, M.....	30.3	30.3	30.3	30.2	30.2	30.2	30.3
Germantown, Pa.				B. J. LEEDOM.			

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Dinetic.		80
Dupaviron.		50
Emmenagogue.		1 40
Fel: Rorinum.		50
Ferri (Quevenne's), 1 gr.		50
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Ferri Valer: 1 gr.		1 00
Ferri et Quass: et Nuc: Vom:		75
Ferri et Quin: Cit: 1 gr.		75
2 gr.		1 40
Ferri et Strychnin.		75
Ferri et Strych: Cit:		75
Gamboge Comp: U. S. P.		50
Gonorrhoe.		60
Hepatica.		90
Hydrargyri, U. S. P. 3 gr.		40
Iod: et Opil. (Ricord's).		75
Iodoform et Ferri.		3 50
Ipecac et Opil, 3 1/2 gr. (Pulv. Doveri, U. S. P.)		1 00
Lepand: Comp.		1 40
Lupulin, 3 gr.		40
Magnesi et Rhei, (1 gr. each).		40
Morphine Comp.		1 50
Opil, U. S. P. 1 gr.		90
Opil et Camphor.		90
Opil et Camph: et Tannin.		90
Opil et Plumbi A. et:		80
Potass: Bromid: 1 gr.		75
Potass: Iodid: 2 gr.		85
Quinin, 1 gr.		1 45
2 gr.		2 75
Comp.		1 75
et Ferri.		1 75
et Strychnin.		1 75
et Valer: 2 gr.		3 50
Rhei, U. S. P.		75
Rhei Comp: U. S. P.		90
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